

**Town of Rome  
1156 Alpine Dr.  
Nekoosa, WI 54457  
(715) 325-8012**

For obtaining a permit for a **RESIDENTIAL GARAGE** the following must be done before the Building Inspector can issue the permit:

1. County Zoning Permit – If your building project is located within 1,000 feet of a lake or flowage, or within 300 feet of any navigable stream, then you would be required to apply for a zoning permit from Adams County Planning and Zoning. (608) 339-4222
2. Town of Rome Zoning Permit – You must apply for and have approved a zoning permit from the Town Zoning Administrator. (715) 325-8019
3. Plot Plan – You will need to submit a plot plan showing the location of the building in relation to other buildings, wells, surface waters, property lines, and septic systems.
4. Building Plans – showing the size of the structure, an elevation of the structure, and a cross sectional drawing showing the types of materials being used.
5. Building Permit Application – Construction of a garage is not allowed until a home has been constructed on the lot.
6. Electrical Permit – will be required if the garage is to have wiring installed within or onto the structure.
7. Signed “Cautionary Statement” – if the owner is taking out the building permit. Other than the property owner, only a State certified contractor may take out local building permits for work performed on one and two family dwellings.

## **INFORMATION**

Within the Town of Rome, there are various residential areas governed by an Association and covenants. If your property is located in an area governed by an Association, for example – Lake Arrowhead Association, you are advised to contact them as soon as possible regarding your building plans

Driveway Permit – All driveways installed, altered, changed, replaced, or extended after 10/10/96 must have a driveway permit and be approved as to location by the Director of Public Works. Driveways on the County Trunk System require a County driveway permit issued by Adams County.

All this information and forms are available at the Town of Rome’s Website at [www.romewi.com](http://www.romewi.com)  
Along with applications for other types of permits also.

TOWN OF ROME  
ZONING PERMIT APPLICATION

I. Date: \_\_\_\_\_ Permit Fee: \$95.00 Permit No.: \_\_\_\_\_

II. Property owned by: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

III. Property description:  
Zoned as: \_\_\_\_\_ Shoreland area: \_\_\_Yes \_\_\_No Wetland area: \_\_\_Yes \_\_\_No  
Address: \_\_\_\_\_  
Lot #: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Legal description: \_\_\_\_\_

IV. Property size:  
Width: \_\_\_\_\_ Length: \_\_\_\_\_ No. Acres: \_\_\_\_\_

V. Property use:  
***Present*** use(s) of property & structure(s):  
Principal structure: \_\_\_\_\_  
Accessory structure(s): \_\_\_\_\_  
Land use(s): \_\_\_\_\_

***Proposed*** use(s) of property & structure(s):  
Principal structure: \_\_\_\_\_  
Accessory structure(s): \_\_\_\_\_  
Land use(s): \_\_\_\_\_

***Have you applied for Association Approval? \_\_\_Yes \_\_\_NO \_\_\_Not Applicable***

VI. **Lot lines must be marked and building site must be staked before a zoning permit is issued.** Call 715-325-8019 when ready for setback inspection.

VII. **Submit plot plan showing those applicable of the following:**

- |   |   |
|---|---|
| 1. Lot and dimensions.  | 5. Existing & proposed use of each structure.   |
| 2. Existing & proposed structures.  | 6. All setbacks (lot line, adjacent structures, road, well, septic {tank & drainfield}, surface water). |
| 3. Abutting roads, lakes, streams.  | 7. Building plans for new construction.   |
| 4. Existing & proposed driveways, parking areas, open space, landscaping. | 8. Elevations of existing & proposed structures.  |
|   | 9. # of persons occupying each structure.   |

VIII. The undersigned hereby applies for a zoning permit, and agrees that all work will be done in accordance with County zoning, Town of Rome zoning, building code, and/or subdivision ordinances, and all laws of the State of Wisconsin.

IX. By signing this application you give permission to Town officials to inspect the property listed in item III.

X. Signature of owner / agent: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Approved Date: \_\_\_\_\_ \_\_\_\_\_ Denied Date: \_\_\_\_\_

Signature of department official: \_\_\_\_\_

LAKESIDE  
INSPECTIONS  
1-800-440-1621  
COMM 20.02 (a) 3.

UNIFORM  
BUILDING PERMIT  
APPLICATION

UNIFORM PERMIT NO. \_\_\_\_\_

PARCEL NO. \_\_\_\_\_

PERMITS REQUIRED  ELECTRICAL  PLUMBING  HVAC  OTHER \_\_\_\_\_

OWNERS NAME \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

CONTRACTORS NAME \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

PROJECT LOCATION \_\_\_\_\_  
BUILDING ADDRESS \_\_\_\_\_ SUBDIVISION \_\_\_\_\_ LOT NUMBER \_\_\_\_\_

EST. COST \_\_\_\_\_ CONTRACTORS LICENSE NO. \_\_\_\_\_

PROJECT DESCRIPTION  NEW CONSTRUCTION  ADDITION  REMODEL  
 ONE AND TWO FAMILY  COMMERCIAL

SCHEDULE OF WORK INVOLVED AND INSPECTION FEES

		COUNT	FEE
<b>ONE AND TWO FAMILY DWELLINGS</b>			
GARAGES	UP TO 600 SQ. FT. \$50.00	_____ Sq. Ft.	_____
	OVER 600 SQ. FT. \$.09 PER SQ. FT.		
REMODELING / ADDITIONS	\$6.00 PER \$1,000 OF VALUATION	_____ Value	_____
	MINIMUM OF \$50.00		
ACCESSORY BLDG./DECKS	UP TO 600 SQ. FT. \$50.00	_____ Sq. Ft.	_____
	OVER 600 SQ. FT. \$.09 PER SQ. FT.		
<b>COMMERCIAL BUILDINGS</b>			
NEW	\$.09 PER SQ. FT. + \$225.00	_____ Sq. Ft.	_____
REMODELING/ADDITIONS	\$6.00 PER \$1,000 OF VALUATION	_____ Value	_____
	MINIMUM OF \$100.00		
RE-INSPECTION FEE _____	\$25.00 EACH		
FAILURE TO CALL FOR INSPECTION _____	\$25.00 EACH		
		Total	_____

DOUBLE PERMIT FEES WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED

The applicant agrees to comply with the municipal ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, expressed, or implied, of the department, municipality, or inspector; and certifies that the above information is accurate.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**CONDITIONS OF APPROVAL** This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Have permit / application number and address when requesting inspections. Call 1-800-440-1621 for inspections. Give at least 48 hours notice on all inspections.

FEES	ISSUING JURISDICTION	PERMIT ISSUED BY
PLAN REVIEW _____	TOWN <input type="checkbox"/>	NAME _____
INSPECTION FEE _____	VILLAGE <input type="checkbox"/>	DATE _____
OTHER _____	CITY <input type="checkbox"/>	CERT. NO _____
TOTAL _____	OF: _____	

**Cautionary Statement To Owners Obtaining Building Permits**

101.65(lr) of the Wisconsin Statutes requires municipalities that enforce the Uniform Dwelling Code to provide an owner who applies for a building permit with a statement advising the owner that:

If the owner hires a contractor to perform work under the building permit and the contractor is not bonded or insured as required under s. 101.654 (2) (a), the following consequences might occur:

(a) The owner may be held liable for any bodily injury to or death of others or for any damage to the property of others that arises out of the work performed under the building permit or that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit.

(b) The owner may not be able to collect from the contractor damages for any loss sustained by the owner because of a violation by the contractor of the one- and two- family dwelling code or an ordinance enacted under sub. (1) (a), because of any bodily injury to or death of others or damage to the property of others that arises out of the work performed under the building permit or because of any bodily injury to or death of others or damage to the property of others that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit.

**Additional Responsibilities for Owners of Projects Disturbing More One or More Acre of Soil**

I understand that this project is subject to ch. NR 151 regarding additional erosion control and stormwater management and will comply with those standards.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LAKESIDE  
INSPECTIONS  
1-800-440-1621  
COMM 20.06 (a) 3.

UNIFORM  
ELECTRICAL PERMIT  
APPLICATION

UNIFORM PERMIT NO. \_\_\_\_\_

PARCEL NO. \_\_\_\_\_

PERMITS REQUIRED  CONSTRUCTION  PLUMBING  HVAC  OTHER \_\_\_\_\_

OWNERS NAME \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

CONTRACTORS NAME \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

PROJECT LOCATION \_\_\_\_\_  
BUILDING ADDRESS \_\_\_\_\_ SUBDIVISION \_\_\_\_\_ LOT NUMBER \_\_\_\_\_

EST. COST \_\_\_\_\_ CONTRACTORS LICENSE NO. \_\_\_\_\_

PROJECT DESCRIPTION  NEW CONSTRUCTION  ADDITION  REMODEL  
 ONE AND TWO FAMILY  COMMERCIAL

SCHEDULE OF WORK INVOLVED AND INSPECTION FEES

NEW BUILDING	EACH	COUNT	FEE
Base Fee _____	\$35.00	_____	_____
Plus _____	\$.03/Sq. Ft For All Areas	_____ Sq. Ft.	_____

REPLACEMENT, MODIFICATIONS, AND MISC. ITEMS

	EACH	COUNT	FEE
1. Light, switch, and convenience outlet _____	.40	_____	_____
2. Power receptacles over 150 volts, first 30 amps _____	5.00	_____	_____
over 30 amps _____	6.00	_____	_____
3. Lighting fixtures, incandescent _____	.40	_____	_____
4. Tubular lamp, such as fluorescent, per tube _____	.25	_____	_____
5. Arc light, search light, floodlight, mercury light pole base and poles _____	3.00	_____	_____
6. Temporary service and temporary wiring installation _____	50.00	_____	_____
7. Service switch, each or alteration thereof _____			
first 200 amperes _____	50.00	_____	_____
over 200 amperes – additional per 100 amps or a fraction thereof _____	10.00/100 amps	_____	_____
8. Range, oven, clothes dryer, dishwasher, disposal, water heater _____	5.00	_____	_____
9. Residential gas, oil, and electrical furnaces _____	5.00	_____	_____
10. Air conditioners, refrigeration unit _____	5.00	_____	_____
11. Combination heating and air conditioning unit up to 5 ton _____	10.00	_____	_____
over 5 ton _____	20.00	_____	_____
12. Feeder, subfeeder, and raceway – per 100 ampere capacity or fraction thereof _____	5.00/100 amps	_____	_____
13. Each motor, per HP or fraction thereof _____	50/HP – 1.00 Min.	_____	_____
14. Dispenser, - gasoline, fuel oil, permanent vending machines, and well pump _____	6.00	_____	_____
15. Each generator, transformer, reactor, rectifier, capacitor, welder, converter and electric furnace _____	.50/KW	_____	_____
16. Electric unit heating device (including remote thermostat) _____	2.00	_____	_____
17. Swimming pool (electrical wiring and grounding) _____	25.00	_____	_____
18. Sign – fluorescent, neon or incandescent _____	15.00	_____	_____
19. Strip lighting, plug-in strip, trolley duct wire-way, gutter _____	.50/Ft.	_____	_____
20. Hydro massage and hot tubs _____	10.00	_____	_____
21. Fire alarm system _____	15.00	_____	_____
22. Exit lighting system _____	15.00	_____	_____
23. Approved assemblies not included above and others _____	25.00	_____	_____
24. Other (Specify) _____	25.00	_____	_____

Minimum Permit Fee \_\_\_\_\_ \$50.00

RE-INSPECTION FEE \_\_\_\_\_ \$25.00 EACH

FAILURE TO CALL FOR INSPECTION \_\_\_\_\_ \$25.00 EACH

DOUBLE PERMIT FEES WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED

The applicant agrees to comply with the municipal ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, expressed, or implied, of the department, municipality, or inspector; and certifies that the above information is accurate.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

CONDITIONS OF APPROVAL This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Have permit / application number and address when requesting inspections. Call 1-800-440-1621 for inspections. Give at least 48 hours notice on all inspections.

FEES	ISSUING JURISDICTION	PERMIT ISSUED BY
PLAN REVIEW _____	TOWN _____	NAME _____
INSPECTION FEE _____	VILLAGE _____	DATE _____
OTHER _____	CITY _____	CERT. NO _____
TOTAL _____	OF: _____	



## Right-of-Way Permit

ANY QUESTIONS CONCERNING THIS PERMIT SHOULD BE DIRECTED TO THE SUPERINTENDENT OF HWYS/PUBLIC WORKS AT 715-325-8017.

Important notice: This application is for administrative purposes only. You will not receive notification or be contacted about your driveway or Landscaping unless there is a problem or if a culvert is needed. Requirement of road base material shall be installed prior to construction of new dwelling or access to any properties. All granted permits shall follow all policies and procedures of the Town of Rome. No exclusion will be granted. All concrete, asphalt paved, access driveways and landscaping shall be inspected prior to installation and a re-inspection after installation. Failure to comply with Chapter 4 may result in the driveway or landscaping having to be replaced.

Please circle:

\*New Driveway: \$25,                      \*Changing Existing Driveway: \$25,                      \* Temporary Access: \$25,

\*Landscaping: \$25,                      \*Open Cut: \$250,                      \*Open Cut Bond: \$5000,                      \*After fact fee: \$500

Type of material: \_\_\_\_\_

Type of Installation: \_\_\_\_\_

Approximate Length: \_\_\_\_\_ Width \_\_\_\_\_ Cost: \_\_\_\_\_

Applicant Property Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Contractor Name & Address (if different from above)  
\_\_\_\_\_

Estimated Start Date: \_\_\_\_\_ Estimated Restoration Date \_\_\_\_\_

The applicant understands and agrees that the permitted work shall comply with all permit provisions and conditions of the Town of Rome in effect at the time of application, and with any special provisions attached hereto, and any and all plans, details or notes attached hereto and made a part thereof.

Bond Provided \_\_\_\_\_ Proof of Liability Insurance \_\_\_\_\_

\*Copies of Bond and Proof of Liability Insurance shall be provided prior to acceptance of the permit.

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Office Use Only</b>	
Permit # _____	Fees Paid _____
Signature _____	Date _____

# **TOWN OF ROME DRIVEWAY PERMIT**

**FAILURE TO COMPLY WITH THIS ORDINANCE MAY RESULT IN THE DRIVEWAY HAVING TO BE REPLACED.  
ANY QUESTIONS CONCERNING THIS PERMIT SHOULD BE DIRECTED TO THE SUPERINTENDENT OF  
HIGHWAYS/PUBLIC WORKS AT 715-325-8017.**

4.02 (2)(g) All driveways installed, altered, changed, replaced or extended after the affected date of this chapter shall meet the following requirements.

1. The maximum number of driveway openings for vehicular ingress and egress permitted for lots with a width less than one hundred (100) feet shall be one (1) and for lots with a width greater than one hundred (100) feet, two (2) driveway openings may be permitted with approval of the Superintendent of Highways.
2. Vehicular entrances and exits to any business, industry or public lots shall be not less than two hundred (200) feet from any pedestrian entrance or exit to a school, college, university, church, hospital, park, playground, library, public emergency shelter, or other place of public assembly.
3. Openings for vehicular ingress and egress shall not exceed thirty (30) feet at the property line and thirty-five (35) feet at the roadway for all uses except the if curb and gutter are present the maximum curb opening for all residential districts shall be twenty-five (25) feet at the roadway if applicable.
4. Driveways shall be at least ten (10) feet wide for one (1) and two (2) family dwellings, at least eighteen (18) feet for farmsteads, and a maximum of forty (40) feet at the roadway for all other uses, except the maximum curb and gutter opening for all residential districts shall be twenty-five (25) feet if applicable.
5. A driveway access will be determined by the main intersecting road. Any parcel or lot that is located on a corner will be determined by the Superintendent of Hwys/Public Works.
6. No direct private access shall be permitted to the existing or proposed right-of-way of roads, or to any controlled access arterial road without permission of the road agency that has access to control jurisdiction.
7. The surface of the driveway connecting with the roadway shall slope down and away from the road shoulder a sufficient amount and distance to precluded ordinary surface water drainage from the driveway area flowing onto the roadbed. The driveway shall not obstruct or impair drainage in the roadside and ditch areas. The surface shall be no less than a road base grade of material. The use of ditches for a driveway is not permitted.
8. If a concrete driveway is installed in the right-of-way, a fiber expansion joint must be installed at the property line. If the concrete driveway must be removed from within the right-of-way for roadway work, the property owner will be financially responsible for removal and replacement.
9. When the Town determines a culvert is necessary for proper water control, The Town will determine the size, material of the culvert and end walls.
10. The Superintendent of Highways/Public Works may grant temporary access to the above right-of-ways after review and recommendation by road agencies having jurisdiction. Such access permit shall be temporary, revocable and subject to any conditions required and shall be issued for a period not to exceed twelve (12) months.
11. Any repairs or cleaning of the roads adjacent to the installation of driveways shall be at the owner's expense. The owner may contract for the service or the Town of Rome may repair at its discretion.
12. A plot plan showing the placement of the driveway access shall be required along with the permit.
13. Any private driveway leading to a building or structure located 200 feet or more the public right-of-way shall be at least 18 feet in width; shall provide an unobstructed height through out the entire length and width of the driveway of at least 14 feet, and shall have a cul-de-sac or turn around at or near the end of the driveway with a minimum right-of-way radius of 50 feet. Greater dimensions may be required by the Superintendent of Highways if the cul-de-sac or turn around would not be sufficient so as to accommodate firefighting vehicle, apparatus and equipment that might be required to serve the property.



www.co.adams.wi.gov

OFFICE USE ONLY:

File #: \_\_\_\_\_

Date: \_\_\_\_\_

Parcel #: \_\_\_\_\_

State Sanitary #: \_\_\_\_\_

State UDC Seal #: \_\_\_\_\_

Waterfront Yes No

Critical Habitat Area: Yes No

County Zoning District: \_\_\_\_\_

Shoreland Zoning District: \_\_\_\_\_

FIRM / Flood Study Zone: \_\_\_\_\_

Airport Height Zoning: \_\_\_\_\_

Planning & Zoning Department Permit Application

P. O. Box 187 Phone: 608 339-4222
Friendship, WI 53934 Fax: 608 339-4504

\* ADDITIONAL REGULATIONS: (1) Per Sec. 6-1.06 of the Adams County Shoreland Protection Ordinance, all nonconforming shoreline buffer areas shall be brought into compliance by September 30, 2013, unless prior to said date, NR115 as revised, requires less for compliance. (2) The undersigned hereby applies for a Permit to do work described and located as shown on this application and the attached plot plan. The undersigned agrees that all work will be done in accordance with County Zoning, Sanitary, Building Construction and/or Land Division Ordinances and with all laws of the State of Wisconsin applicable to said premises and work. (3) There may be Town or other local regulations or covenants that apply to your project. For your protection, determine if your project is subject to any regulations etc. other than Adams County.

BUFFER RESTORE EROSION CONTROL ZONING SANITARY BUILDING RAZING SIGN TEMP. OCC.

Date: \_\_\_\_\_ Fee: \_\_\_\_\_

COUNTY USE PERMIT { Portable Restroom - Transfer Container - Limited Holding Tank } NON-PLUMBING SANITATION SYSTEM

Type: \_\_\_\_\_

NOTE: Construction must be completed within two (2) years from the issue date of this Permit.

\* SETBACKS: All lot lines shall be physically marked for all setbacks that are less than ten feet greater than the required setback (e.g. side lot setback = 10 ft., if actual setback will be less than 20 ft., must mark lot line). Permits are issued based upon information submitted including the plot plan. It is the property owner/contractor responsibility to complete construction according to the approved submittals. Please call the Planning & Zoning Dept. to schedule inspection(s) for your project.

PLEASE PRINT CLEARLY & FILL OUT COMPLETELY

Owned By: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_
{First} {Middle Initial} {Last}

Mailing Address: \_\_\_\_\_

Property Description:

Gov. Lot: \_\_\_\_\_ or \_\_\_\_\_ 1/4, \_\_\_\_\_ 1/4, Sec. \_\_\_\_\_, T \_\_\_\_\_ N, R \_\_\_\_\_ E

Lot: \_\_\_\_\_; Block: \_\_\_\_\_; Addition: \_\_\_\_\_; Subdivision: \_\_\_\_\_

Town of: \_\_\_\_\_ Property Address (if any): \_\_\_\_\_

Lot / Parcel Size: Width: \_\_\_\_\_ Length: \_\_\_\_\_ Acres / Sq. Ft.: \_\_\_\_\_

Construction Description: \_\_\_\_\_

(New Building, Addition, Electric, Plumbing, HVAC, Moving, Alteration, Sanitation, Sign etc.)

Use: \_\_\_\_\_

(Residence, Accessory Building, Commercial, Industrial, Public etc.)

Type of Construction (if Manufactured Home, list year): \_\_\_\_\_

(Frame, Masonry, Manufactured Home, Manufactured Dwelling, etc.)

Building Description: Width: \_\_\_\_\_ Length: \_\_\_\_\_ Area: \_\_\_\_\_ Sq. Ft.

Height: \_\_\_\_\_ No. of Stories: \_\_\_\_\_ No. of Bedrooms: \_\_\_\_\_

Signature of Owner or Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

(Signature grants consent for Dept. staff to enter premises and \*acknowledgement of notes above)

Address: \_\_\_\_\_

OFFICE USE ONLY:

Zoning: \$ \_\_\_\_\_ Comments / Conditions: \_\_\_\_\_

Sanitary: \$ \_\_\_\_\_

Building: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Subtotal: \$ \_\_\_\_\_

State Fee: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Paid (check # or cash): \$ \_\_\_\_\_

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Denied by: \_\_\_\_\_ Date: \_\_\_\_\_